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EDITORS.

Original.

MALARIA.

WITH CASES AND REMARKS ON RENAL COMPLICATION.

BY J. M. CLEMENS, M. D.

No medical question is of comparable importance to that of malaria to the people of the United States; nay, to the world. It is less virulent and abundant in some of the older and better drained parts of this country and of Europe than it is in others, but wherever the sun shines and water exists malaria will sometimes be found. It is almost omnipresent, and for evil almost omnipotent.—*Prof. L. P. Yandell to C. H. Lathrop, Lyons, Iowa.*

No medical truth comparable in importance with the above to the people of the United States has been enunciated in this the nineteenth century. We need not pause to discuss the question, "What is malaria?" The whether we are able, in the light of the present advanced stage of scientific inquiry, to demonstrate it satisfactorily matters not for the purposes of this article. With the conditions necessary to the production of malaria in the common acceptation of the term every medical man is familiar. Not every medical man, however, appears to be impressed with the potency and protean manifestations of this ubiquitous enemy to health and life.

If our National Board of Health did no more than awaken states, municipalities, and citizens to a realizing sense of the invisible danger that lurks every where, in the filthy gutter, the choked sewer, the dirty alley and back yard, the foul waste-pipe, the damp cellar, the damp, moldy wall, ill-ventilated houses, point out and secure the adoption and enforcement of the means to obviate it, it will have immortalized itself. The people should be educated to know their danger from these sources, that they may contribute to the general welfare of their neighborhoods by putting their own premises in proper sanitary condition.

Hundreds of little children are sacrificed to this insatiable Moloch every summer and fall in this and every other similarly filthy southern and western city, by flocking to the sidewalks at nightfall to get a breath of cool air, often stringing themselves along the curbstone, like so many birds, over the filthy gutters and near the mouths of foul sewers, they are immersed in an atmosphere only a little less deadly than that emanating from the terrible Pontine marshes in Italy.

So also every night hundreds of families in this city are shut up in old brick houses, with brick foundations which have absorbed moisture from the earth for years until they have become rotten, so to speak, from long-continued dampness, the plaster and brick in many cases absolutely rotten and crumbling away. All unsuspectingly they are breathing an atmosphere only a little less deadly than that of the historic Black Hole in Calcutta. The inevitable consequence is sometimes manifested in a comparatively slight indisposition, but often in the taking off of some member of the family with bewildering swiftness. Such houses are a curse to the city, and in the interest of the public health should be condemned to be razed to the earth, or, in case of the better class of them, to have a layer of window-glass placed in the wall at a few inches above ground to intercept the moisture.

For the safety of surrounding property municipal governments arrogate to themselves the power to pass and enforce ordinances declaring that within certain limits no frame building shall be erected. Why may they not, for the safety of the public health, require that every house to be built with a brick foundation shall have, at a suitable elevation above ground, a layer of window-glass carefully placed, end to end, and of a width corresponding to that of the wall? From three to ten dollars, according

to the size of the house, would forever protect it against the moisture, which is drawn up through the porous bricks and plaster by capillary attraction, and make the houses perfectly dry for all time, as the glass is absolutely indestructible by the agencies to which it would be subjected.

It will be observed that I have not mentioned ponds, marshes, the banks of sluggish streams, etc., which are understood by the people to be the common and by many the sole sources of malarial poison, but have attempted rather to make conspicuous those sources especially in cities to which the people as a mass seem to be oblivious, and with the fruitfulness and danger of which I am led to believe many physicians are not sufficiently impressed.

As illustrating the potency of the malarial poison generated in the class of houses alluded to above, I wish to mention three cases of what may be termed unclassified malarial fever which I have recently met with in one of these houses with otherwise healthy surroundings. I wish also to call attention to a renal complication, a feature I have observed in a number of similar cases of profound malarial poisoning under similar circumstances in this city in the last two or three years.

About eight o'clock on the evening of August 29, 1880, I was called to see two children of L. K., aged respectively four and a half and seven and a half years. They had previously been in good health, and without prodromic symptoms, so far as the parents knew, were observed to have high fever in the afternoon four or five hours prior to my visit. Under the influence of a warm bath the younger of the two, a little girl, was just emerging from a violent convulsion, which had lasted for more than half an hour. She had some nausea and had vomited two or three times during the afternoon and evening; bowels regular; tongue somewhat enlarged and covered by a uniform white coat of moderate thickness. The breath was of that peculiarly offensive character noticeable in zymotic diseases, resembling most that of scarlatina. The conjunctivæ were somewhat injected and the pupils slightly contracted, but not over-sensitive to light. After fully recovering from the convulsion her intelligence seemed to be good. The thermometer placed in the axilla marked 107°; pulse 150; skin moist; face pale, considering the extreme high temperature.

The boy's case was the counterpart of this, including temperature, with the following exceptions: Pupils were normal; pulse 140; had not vomited nor had a convulsion. Notwithstanding the absence of the usually flushed face and surface and strawberry tongue, the pulse, temperature, and nervous phenomena, together with the fact that scarlatina was known to exist in that region of the city, suggested the strong probability that I had this disease to deal with. The mother having administered to each of them in the afternoon a dose of castor oil, I ordered potassa bromidi with fluid ext. gelsemium to control the nervous symptoms; a febrifuge mixture of liq. ammonia acetatis, spts. eth. nit., and tinct. aconite rad., together with a tepid sponge-bath in case the skin should become dry.

On the 30th, at 9:30 A.M., I found them in much the same condition (temperature same), except that their bowels had been moved; the little girl having had a convulsion in the after-part of the night and one prior to my visit in the morning. The daytime affording more hope that the medicine would be faithfully administered, I ordered a continuance of the remedies prescribed the previous evening, with the addition of chloral hydrate for the little girl when a convulsion seemed imminent. At 3:30 P.M. I found them again without material change in their condition; the boy more nervous, slight tendency to delirium, pulse 148; the girl's pulse 168, convulsions more frequent, with marked opisthotonus.

By exclusion and in the light of the surroundings I was now convinced that I had to deal with an intense malarial poison, and without waiting longer for a remission I put them on full doses of quinia sulphate every two hours. Through fear that the girl would be unable to take a sufficiency per orem, I ordered twenty grains with ten minims acid sulph. arom., rubbed up with half an ounce of vaseline, one fourth to be rubbed into the epigastric and hypochondriac regions every three hours.

At 10:30 P.M. I found the girl, to whom they had been unable to administer the medicine with any satisfaction, in a persistent eclampsia; in other respects the same, except the pulse, which had less volume. The boy's general condition was somewhat improved; pulse 140, temperature 105°. I remained with them some hours, sponging the girl persistently, and finally putting her for thirty minutes in a bath at 100°, which reduced the temperature to 105° and for half an hour rendered her more quiet. At the end of which time the former elevation of

temperature was regained and the eclampsia returned.

At 1:30 A. M. the boy's temperature had descended to 103°. He was sleeping and in a profuse perspiration. The girl was ordered to be bathed and sponged by turns, in the hope of reducing the temperature. This did not avail, however. The opisthotonus became persistent, and she died at 4:30 A.M. At 9:30 the following morning the boy's temperature was 101°; pulse 100, with corresponding improvement in all his symptoms. At 5 P.M. temperature 100°, pulse 90. On the following morning the temperature was normal, and in the afternoon he was dressed and playing in the bed.

On the afternoon of the 31st, the day on which the girl died, my attention was called to the mother—an ordinarily stout, healthy-looking German woman, aged about thirty-three—who stated that she had felt a little cold on the afternoon of the day previous, and following; had a fever which passed off during the night in a sweating stage. On this day, however, she had not been free from fever. Her aspect was languid and rather pale; skin dry; tongue, which was large and indented around the edges, was thickly coated; pulse 120; temperature 105°. Had nausea, headache, and backache across the loins; urine scanty and high colored. She was ordered to have twenty grains of quinia sulph. in four doses two hours apart, and to have hot lemonade. On the following morning, at nine o'clock, I found her aspect very much the same. Skin cool and moist; temperature 101°; pulse 70, intermittent, of medium volume, and very compressible, almost gaseous. I was imformed that about two hours previous to my visit without having been in the upright position she had had something like a "fainting spell," which passed away in a few minutes. While I was at the bedside I observed some indications of distress, which were followed immediately by slight convulsive movement, the head being gradually drawn back, the eyes fixed, the pupils rapidly dilating, and respiration, after one or two spasmodic efforts, suspended. All muscular tension was relaxed; the face became mottled from stasis of blood. I had immediately placed my finger upon the radial artery, when, finding no pulsation, I applied my ear over the heart, which gave no throb; meantime the dashing of water, rubbing with camphor and other restoratives had been applied without the slightest effect, and to all appearances she was hopelessly gone.

By the aid of an assistant I instituted artificial breathing, and kept it up for between five and ten minutes, when I was rewarded by a spasmodic gasp, and by the continued aid of artificial respiration she was gradually resuscitated. She had passed no urine since the evening before; and now, suspecting renal complication, I removed from her bladder less than two ounces (all it contained) of deep amber-colored urine for examination. I may state here that she had had no previous history of renal trouble. I ordered five grains quinia sulph. with capsic. every two hours; and from a neighboring drug-store I summoned Drs. Wm. Bailey and E. D. Forée, who agreed with me that this and those of the children were cases of profound malarial poisoning.

At this date the boy had fairly entered upon convalescence; nevertheless I had provided myself with a specimen of his urine for examination also. Dr. Bailey returned with me to my office for the purpose of examining the specimens, I having predicted the result, which was as follows: Mother's urine—Acidity normal; spec. gravity, 1.012; albumen, twenty-five per cent. Under the microscope it was seen to contain a large number of granular and hyaline casts, together with some free granular matter. Boy's urine—Acidity normal; spec. gravity, 1.020; albumen, a mere trace. The microscope revealed a few hyaline casts, many of them containing more or less granular matter and an occasional granular cast.

At my afternoon visit ordered three drams infusion digitalis with twelve grains potassa acetas every three hours.

Without going into further details, I will merely add that the mother had a few hours later an attack similar (though much lighter) to the one I saw her in. She had an evening exacerbation and morning remission for two days, when the temperature became normal; the albumen and tube-casts gradually disappearing, the last specimen containing no granular casts, but an occasional one purely hyaline in character.

As stated above, I have met with these renal manifestations in a number of cases similar to the above; also this summer and fall exactly similar manifestations (except in four of the cases there was complete suppression for periods varying from twenty-four to forty-eight hours), in five cases of what Lebert calls cholera nostra, or sporadic cholera, which I believe to be due also primarily to profound malarial poisoning.

I am well aware that in typical cases of

pernicious intermittent and remittent fevers albumen and tube-casts have been occasionally found and mentioned, but I am not aware that this complication has been demonstrated in the class of cases above referred to. I wish, therefore, to express the opinion that the condition of the kidneys shown in these cases is far more common than has heretofore been suspected, and constitutes one of the chiefest sources of danger in malarial diseases.

LOUISVILLE.

CONTAGIOUS INFANTILE PEMPHIGUS.

BY L. S. OPPENHEIMER, M.D.

It is generally held, I believe, that pemphigus is never contagious. That it may be hereditary or syphilitic is not disputed now. I am also convinced that the disease may run its full course to recovery during intra-uterine life. I saw two such cases in the wards of Prof. Carl Braun in the Vienna Hospital. In one case the desquamation was not yet complete; in the other nothing remained save a few red patches here and there. Prof. Braun considered both of the cases syphilitic pemphigus; but I doubt that they were necessarily so, for in neither case was the history inquired into. Whether eruptive disease had existed in the family or not could therefore not be ascertained.*

Acute pemphigus commonly runs a mild course, even when accompanied by slight fever, etc. Recovery takes place usually—according to Neumann, Hebra, and others—in from three to six weeks.

The presence of the bulla upon the palms of the hands and soles of the feet is looked upon by some practitioners as indicative of the syphilitic character of the disease. This I believe to be fallacious, as it is not at all uncommon for non-specific eruptions to appear in these parts.

The disease herewith recorded bears an intimate resemblance to the *epidemie pemphigus* reported some months ago by Vidal, of Paris, except that in my cases the disease was confined entirely to infants.

In June, 1878, Mrs. ——, with her child, ten months of age, was admitted into the Louisville City Hospital. The child was covered with a bullous eruption. The vesicles, which were filled with sero-purulent fluid, varied in size from that of a pin-head to that of a silver dime, and were situate as well on the palms of the hands as on the soles of the feet, between the fingers and toes, on the nates, and over the rest of the body. The eruption had existed for about a week, and was increasing in extent and severity. New vesicles were forming here and there, and a few old ones drying up. Some fever existed, and the child was not inclined to nurse.

The previous history is briefly as follows: No history of specific troubles. Patient had been working during the past month with a lady whose infant had a similar eruption, and about a week before she noticed that her own child had caught it.

I prescribed a warm alkaline bath and one grain each of iodid. of potas. and sulph. of cinchonid. three times a day. On the next day I was surprised to find a wonderful improvement; the eruptions were rapidly drying, and the child began to nurse well. In three or four days the vesicles had all disappeared.

The next case was that of a healthy little fellow, fourteen months old, whom I found playing with baby No. 1 the day after admission. Baby No. 2 had been in the wards for some months with his sick mother. I had the two little ones separated at once and kept apart. I had the nurse wash baby No. 2 at once and change his clothing. In three or four days baby No. 2 had a number of ecchymosed spots on his neck resembling severe mosquito-bites; in a day or two after these became vesicular, and in this manner the disease spread over most of the body, not quite so quickly, however, as on baby No. 1.

I first gave to this little fellow cinchonidia alone, then the iodide alone, without effect. I then combined the two, as I had done in case No. 1, and improvement began at once. Recovery in both cases was complete.

In private practice I have seen a number of cases of acute infantile pemphigus vulgaris, and always among the poorer classes; but they were all of the non-contagious variety—at least I had no opportunity of testing the contagious character of any of the latter cases as I did of the former.

SEYMOUR, IND.

* For a Report on Congenital Non-syphilitic Pemphigus, see *Le Progrès Médical*, 24 Avril.

ACQUIRED UNIVERSAL LEUCODERMA.

BY GEO. P. HALL, M.D.

Martin ——, a dark mulatto, aged thirty-two years, while at work, in the spring of 1873, became overheated, as he says, fell in the field, lay prostrate for several hours, and

was then taken home and cared for. He was ill two weeks, recovered, and then for the first time noticed a circular spot of discolored skin, the size of a silver dollar, just beneath the pomum adami. Other spots of white skin shortly appeared in different situations, till his whole body become pieded. The discoloration proceeded slowly for five years, then became quite rapid in its course up to date, when the leucoderma is almost universal. With the exception of a tolerably large patch of skin of the original color on the chin, and a few smaller patches on the hands, the man is white. The skin on the legs especially is almost completely colorless and the nails of an ivory whiteness.

The history presents no discoverable hereditary or specific taint. The general health is excellent, and the functions of the skin seem to be in no wise altered. The attack to which he ascribes the origin of the affection may have been a partial sunstroke, but the subsequent symptoms and course of the disease render it more probable that it was a remittent fever, and the skin-affection a true malarial leucoderma. He is not under treatment, having formerly been treated without avail.

BELLVIEW, TEXAS.

Miscellany.

TASTE IN INFANTS.—Professor Preyer, of Jena, in Popular Science Monthly for September, on Psychogenesis in the Human Infant:

Professor Kussmaul has described some important experiments on the sense of taste in infants, in which he found that all newborn children could distinguish strong tastes, and that a very different reaction took place when the tongue was wet with a solution of sugar, from that which followed the application of quinine, vinegar, or salt. Signs of distaste were excited by the three latter substances, and of satisfaction by the sugar, which showed beyond doubt that the power to discriminate tastes begins at birth. The opinion that infants will take alike whatever is offered them holds good if at all only of substances whose taste is weak. If the child seems displeased at the taste of a strong solution of sugar, as sometimes happens, that is only the effect of the surprise which all new intense sensations occasion. After the first trial it will want more sugar and show its satisfaction at getting it. The same is the case with the young of amimals, which readily distinguish tastes and seem astonished at new ones; and the newly-hatched chicken will at once select the food, where it is given a choice, which is most agreeable to it. Taste is, then, the first sense which affords clear perceptions, and is the first which gives occasion for the exercise of the faculties of memory and judgment.

HEARING IN INFANTS.—All infants are deaf at birth, because the outer ear is as yet closed, and there is no air in the middle ear. A response to a strong sound is observed, at the earliest, in six hours, often not for a day, sometimes not for two or three days. The awakening of the sense may be recognized by means of the drawing up of the arms and the whole body, and the rapid blinking which a loud noise provokes; and it is a sign of deafness if the child, after its ears have had time to come into a suitable condition for hearing fails to respond thus to a strong sound. No other organ of sense contributes so much to the early spiritual development of the child as that of hearing after it has become fully developed. The superiority of the ear over the eye in regard to this point is shown by the intellectual backwardness of persons who are born deaf as compared with those who are born blind. At the beginning of life, as a rule, the voices of the mother and the nearest relatives afford the first impressions of sound. Very soon these voices are distinguished, and different tones and noises are differently responded to. It is particularly interesting to compare the soothing operation of singing of the cradle melodies with the extraordinary vivacity exhibited on the hearing of dance-music, in the second month. Certain sounds, as those of the consonants *sh*, *st*, and of the male voice, are effective at a very early period in quieting the crying of a child, while other strong and strange ones, like the whistle of an engine, will cause it to cry. Observations on these points, which are easily multiplied, show that in spite of its original deafness the child learns very soon to discriminate between the impressions of sound.—*Ibid.*

SIGHT IN INFANTS.—The faculty of seeing has simular growth. Light seems at first unpleasant, and only faint lights are borne; the baby shuts its eyes tight when a candle is brought near them. Brightness and darkness, if marked, can be distinguished, but with this the office of the eyes in the earliest days is exhausted. The motions of the eyes

are wholly unregulated. One will look to the right, the other to the left; one may be open, the other shut; one will be still while the other moves. Among the many combinations of movements both eyes will occasionally move together, but no real symmetry in the muscular contractions can be predicated for the first six days. The first perceptions are evidently only those of the different degrees of strength of light. These attract attention, and some children are said to have turned their heads to the window after the first day. I have noticed it on the sixth day. On about the ninth day most infants begin to stare, into the void, or if a bright object, as a candle, is brought before them, as if they were looking at it; but it is easily found out by trial that there is no real seeing, for it is only when the light is brought directly within its line of vision that the eye is directed toward it. Not for three weeks will the eye which is turned toward a light follow it when it is slowly moved, and then only with a partial motion of the head. But little intelligence is involved in this, for the movements of the eyes and of the head are often in opposite directions. Nevertheless, the face of a child a month old gains an appearance of intelligence when it looks with both eyes upon a slowly-moving object and follows its motions; but the stupid expression returns, and does not finally disappear till the second quarter-year. The face grows more human and spirited as the power is gained of regarding objects with a steady, independent look. The faculty of accommodation, or the power of rapidly adapting the eye to the perception of objects at different distances, is then in the process of development, and the unsymmetrical movements of the eyes gradually cease.

The power to distinguish colors follows. One child prefers yellow, another red; all dislike black and dark colors as well as dazzling bright ones. It is hard to decide when the finer degrees of color and their grades of brightness begin to be recognized, for the time differs with the individuals. I do not know of any child that could point out red, green, yellow, blue, correctly on demand before the beginning of the third year.—*Ibid.*

SMELL OF INFANTS.—The sensations of smell can hardly be separated from those of taste. Infants appear able to distinguish odors very early, but what extent has not been ascertained. They are able to tell one kind of food from another by this means, and have been known to decline the acquaintance of a new nurse whose presence was disagreeable to them. It is known that animals that are born blind are guided to their food—the mother's milk—by this sense. Some odors, as that of tobacco smoke, have been found disagreeable to young animals; others, as that of camphor, pleasant.—*Ibid.*

THE "ODOR OF SANCTITY."—The pious "monks of old" imagined that holiness was often proportioned to a saint's filthiness. St. Ignatius, say they, delighted to appear abroad with old dirty shoes; he never used a comb, but allowed his hair to clot, and religiously abstained from paring his nails. One saint attained to such piety as to have nearly three hundred patches on his breeches, which after his death were hung up in public as an incentive to imitation. St. Francis discovered by certain experience that the devils were frightened away by such kind of breeches, but were animated by clean clothing to tempt and seduce the wearers; and one of their heroes declares that the purest souls are in the dirtiest bodies. Brother Juniper was a gentleman perfectly pious on this principle; indeed so great was his merit in this species of mortification that a brother declared that he could always nose Brother Juniper when within a mile of the monastry, provided the wind was at the due point. Many stories are told of lions and other fierce beasts of prey rushing upon such holy men in the desert, but suddenly stopping in their career, and flying away with every sign of fear and terror; which may well be credited, the "odor of sanctity" being too much for the olfactory nerves of a lion.

NOT A NEW DISEASE.—The Philadelphia Board of Health has within a day or two past made inquiries as to the professional status of the signer of a death-certificate presented to it, in which the cause mentioned was "*collary fantem.*" As the result showed, this was a bad spell of cholera infantum. The author of the certificate proved to be one of Buchanan's model graduates, who had purchased from that notorious individual the license either to kill or to cure, as fate or accident might decide, for the sum of fifteen or twenty dollars.—*College and Clinical Record.*

CANADA MEDICAL AND SURGICAL JOURNAL.—The success of this excellent journal has enabled its editors to increase its size twenty pages.

GOLDWIN SMITH ON DOCTORS.—At the annual dinner of Trinity Medical School, Toronto, Mr. Goldwin Smith, responding to a toast, spoke of the singular fact that quacks get much sympathy from the masses, who regard them as persecuted men of genius. He also said that there was no body of men—and he made no exception—to whom the world owed greater gratitude than it did to physicians. There was no body of men from whom society received so much and to whom it paid so little (San Francisco Western Lancet). He thought a man setting out in the medical profession must have almost the spirit of a missionary. He must set out for the purpose of doing good and not for reward. He was the slave who always worked. The lawyer had his vacation. Even the clergyman might leave his little flock for a time in the wilderness and take his holidays. But the medical man had no moment to call his own. He was at the common call at all hours, and he had often to deal with humanity in its most repellant states; but still he reaped a rich reward in doing boundless good, and had the regard of the sick man as his best friend in the very best sense.

GOURMANDS AND GOURMETS.—It may be worth while to point out how the *gourmet*, or the epicure, who eats to combine health with enjoyment, is superior to the *gourmand*, or glutton, who piles his plate with a pyramidal mass of edible substances merely to gratify an enlarged and debased appetite, without any thought as to how these incongruous elements are to be assimilated (The Caterer). Thus the common councilman, hastily ladling up lumps of green-turtle fat, and washing them down his throat with a torrent of cold punch, does not present an agreeable spectacle; nor is he, as he flatters himself he is, the object of envy of the refined gentleman who infinitely prefers a chop red-hot from the gridiron, with a snowy potato fresh from the hissing saucepan, to the half-cold greasy mess upon which our city friend regales himself with evident satisfaction. We read of Diogones meeting a young gentleman on his way to a feast, taking him up in the street, and at once restoring him to his friends as one who was about to incur a great danger had he not prevented him. But what would that amiable philosopher say nowadays were he to meet the young man of the period on his way, about half past eight of a summer's evening, to some such dinner as that described by the famous Mrs. Hoggarty: "Every thing in the most sumptuous style; soup top and bottom (white and brown), resumed by turbit and salmon, and immense bowls of lobster sauce," and so on.

The late Mr. Walker, the author of the "Original," was an excellent specimen of a *gourmet*. He was one of those who made simplicity the grace of his table, and there can be no more admirable contrast between what he called the "barbaric ornaments" of the gorgeous encumbered style of dinner; an instance of which he gives when called upon to carve a tongue, and finds his operations impeded by a couple of ranunculuses stuck into it, sculptured, one in turnips and the other in carrots; and a dinner he describes in the same paper as having taken place at the Atheneum, which consisted of half a dozen oysters, a water-zoutchie of flounders with brown bread and butter, a grouse with French beans to follow, a bottle of claret, and then a cup of coffee. Thackeray used to say that the above was the best dinner a man could have, only he substituted fresh herrings for flounders. Men of good taste are so in all matters, and would no more tolerate or imitate the flashy, trashy *entrées* of the *parvenu's* table than they would the gilded hammercloths, gigantic armorial bearings, and the glittering harness of his equipage.

SOUND EMANATING FROM THE EAR.—Dr. V. Bremer, in *Hospitals Tidendo:* The author reports a case in which was noticed the unusual phenomenon of sound emanating from the ear of such intensity that it could be heard a distance of ten feet (The Physician and Surgeon). The patient was a boy aged nine years. The meatus auditorius externus of both ears was well formed and presented nothing abnormal. The right tympanum seemed irregular, curved in, and dull. It was otherwise delicate and transparent and movable. The left tympanum was normal; some chronic catarrh; no narrowing of eustachian tube; hearing not impaired. On the first examination no sound was heard, but a couple of days later a sharp ticking was heard at a distance of about ten feet, the ticks having a frequency of about one hundred to one hundred and fifty per minute. It resembled the sound that is produced by drumming with the nails on an oilcloth spread upon a table. It lasted for about ten minutes, became gradually fainter and then suddenly ceased. It was heard most distinctly near the external ear. The

patient was able to produce the sound voluntarily, but could not account for its production, and made no motion with his jaws or the muscles of deglutition. Even when the sound was the most intense no motion whatever of the tympanum could be discovered.

The things of peculiar interest about the case are its voluntary production, the force and rapidity of the sounds, and the unusual occurrence of such phenomena. The author supposes that the sound was caused by the action of the muscles of the internal ear, and especially the tensor tympani, as being the most powerful. No visible movement was present, but the author thinks that a rapid vibration might take place without being seen. What essentially produced the sound can not, of course, be decided, but the osseous character of the sound indicates that the ossicles of the ear were concerned in its production. The therapeutics consisted in roborant diet, treatment of the catarrh, and psychical influence, merely a stern injunction to abandon the disgreeable habit of producing it.

A French Doctor on Gluttony.—According to Dr. Delaunay, in a recent essay on biology addressed to the French Academy of Sciences, the profession or calling in modern French society most remarkable for vivacity at the dinner-table is the clerical profession. First on the list of gluttons he places prelates and priests; secondly, diplomatists; thirdly, magistrates; fourthly, superior state functionaries, such as state councillors and others of similar rank; fifthly, bankers and financial men; sixthly, independent persons, who live on their incomes in idleness; and lastly, artists and literary men. With regard to gentlemen of the brush and chisel, it is the painters who are more addicted to inordinate eating than sculptors, painters of what is called *genre* being more *gourmand* than landscape painters. Women are more greedy than men, milliners being decidedly greater gluttons than dressmakers.—*The Caterer.*

Fasting Matches.—The young doctor at Lyons, to whom we recently referred, commenced his fast in that town; but after enduring great torment for a week, the would-be Dr. Tanner's rival was compelled to abandon his self-imposed task. He is described to be in a sad condition. A milk diet has been recommended and adopted.—*Medical Times and Gazette.*

Selections.

Nerve Influence on the Tissues.—Since the year 1869 Dr. Brown-Séquard has noted the power possessed by the central nervous system, under the influence of certain irritations, to arrest the nutrition in different tissues and organs (Lancet). The maximum arrest of the interchange between the tissues and the blood is produced by a puncture near the point of the calamus scriptorius, but it is also caused by stimulation of other parts of the cerebro-spinal center, and even of the sensory nerves. After fatal injuries which cause death by sudden arrest of these interchanges and arrest of the respiratory and cardiac movements there are no convulsions, the blood in the veins is red, the temperature of all parts of the body rapidly falls; the functions of the spinal cord, of the nerves, and of the muscles are maintained for a long time, and cadaveric rigidity and putrefaction set in late. He has lately found that the medulla oblongata and spinal cord possess so powerful an influence on the interchanges of material of the body that the arrest of these can be produced by merely flexing suddenly the head on the thorax. Two effects can then be observed: 1. The blood in the veins, previously dark, becomes almost immediately a bright red; 2. The temperature of the animal falls. In addition, considerable apnea comes on. The apnea would cause the blood in both arteries and veins to become darker, but in spite of this influence the blood, even in the veins, becomes lighter. Dr. Brown-Séquard has often observed this phenomenon in cases of apnea, with or without cardiac syncope, produced by irritation of the cerebro-spinal center of the pneumogastric nerve or of the ganglia of the abdominal sympathetic. It may be asked, however, whether the effect of the injury to the medulla on the color of the blood is not due to the stimulation of the alleged vasodilator nerves? The following observation disproves the hypothesis: When there is an arrest of the interchange of material between the blood and the tissues, the vessels, instead of being dilated, present a notable diminution of caliber. Dr. Brown-Séquard found that in an animal in which the dorsal spinal cord had been divided irritation of the medulla and spinal cord, such as will cause the effects above described, produces these every where except in the parts which receive their nerves from the portion of the spinal cord which is separated from the brain. Hence it is certain that the effects are produced through the agency of nerves coming from the medulla or cord and acting upon the tissues.

A Simple Treatment of Ozena.—Any simple treatment which is efficacious in so troublesome a complaint as ozena is a desideratum (Med. Press and Cir., August 18th). Dr. Gottstein (*Berlin Klin.*) believes that ozena is due not to congenital narrowing of the nasal fossæ, but to their being too wide. The current of expired air loses its force and becomes powerless to remove the products of secretion, which being retained become fetid. The author has always found a condition of atrophy and anemia of the mucous membrane of the turbinated bones in ozena. He has always found advantage in plugging the nostrils with cotton wool so as to allow the passage of air. Under the influence of this plugging the mucous membrane resumes its vitality, the secretions become normal again, and the ozena is cured.

Traumatic Cardiac Hernia. — Notes by Grenfell Baker, M.R.C.S., of Birkenhead:

P. R. (Lancet, August 14th), aged forty-eight, was admitted on March 4th, with the following history: While engaged unloading some bars of iron on board a ship by means of a crane one of the bars slipped from a height of about ten feet above him, and its point struck him over the region of the heart. The bar was stated to be about twenty-five feet long and three inches broad. He was immediately rendered insensible, and remained in that condition about half an hour, when, having partially recovered consciousness, he was conveyed to the hospital.

On admission he was in a collapsed state, and spoke with difficulty, the effort required for so doing appearing to cause him great pain. Very great pain was complained of over the cardiac region, and on examining this spot comminuted fractures of the second, fifth, and sixth ribs were found. On coughing or deep inspiration, a very prominent bulge occurred over the site indicated. A tumor thus formed extended above the surrounding surface about an inch, and measured two inches across, and beat synchronously with the pulse. The parts were gently pressed into position, and a shield of tin covered with lint was adjusted over the broken ribs and firmly strapped to the left side of the chest, and a broad bandage was applied over all. Perfect rest in the dorsal position in bed enjoined and frequent small doses of opium given.

No bad symptoms occurred till the fourth day, when the pulse rose from 70 to 100, and the temperature from 98.8° to 102°, and some difficulty in breathing and pain over the injured parts were complained of. Auscultation revealed nothing abnormal, and two days later the patient's condition returned to the normal. Three weeks after his admission into the hospital the ribs were found to be firmly united, and the heart and lungs appeared to be in a quite healthy condition. The shield was ordered to be worn a fortnight longer, and patient went home in all respects quite well, and he has since never complained of any discomfort referable to his injury.

Remarks. From the great weight of the bar of iron that caused the injury in the case and the height from which it fell, striking the man directly with its point, it appears very remarkable that greater damage was not done than actually occurred. This case also shows that, although the pericardium must have been a good deal irritated, both from the force of the blow in the first instance and the friction of the broken ends of the ribs against which it pressed when the heart protruded, yet no inflammation or other trouble arose, and the heart itself escaped all injury. The insensibility was very profound and immediate, and lasted nearly half an hour, and the general condition of shock for six hours.

Bromide of Potassium Spray in Hooping-cough.—The good effects of bromide of potassium in the treatment of hooping-cough are well known to all practitioners (Med. Press and Cir., August 18). According to Dr. Wintreben (*La France Médicale*) the action of this remedy may be made still more efficacious by bringing it in contact with the mucous membrane of the air-passages in the form of spray. The author habitually uses a solution of bromide of potassium, one in twenty, and repeats the application of the spray for one minute after each fit of coughing, when the mucous membrane of the breath-passages, free from the mucous which usually covers it, is accessible to the action of the remedy.

Therapeutic Value of the Iodide of Ethyl.—Dr. Robert M. Lawrence, of Boston, in Cin. Med. News:

1. In the paroxysms of spasmodic asthma and in other forms of nervous dyspnea ethyl iodide appears to act as an anti-spasmodic by relaxing the muscular contraction of the bronchial tubes. Their caliber being widened, more air finds access to the pulmonary vesicles. The blood becoming once more properly oxygenated, the phenomena of dyspnea are replaced by freer respiration. Hence the drug may also be said to act by lessening excito-motor action.

2. In the dyspnea incident to bronchitis and to chronic affections of the air-passages it promotes a free mucous secretion. Since this secretion becomes at the same time of a more fluid consistency, air is more readily admitted to the lungs. The action of the drug is here partly expectorant, and resembles that of the alkalies. But since in bronchitic dyspnea there exists usually, if not always, a reflex contraction of the bronchi, the anti-spasmodic quality of the drug is also of value in these cases.

3. If we admit that a frequent cause of dyspnea is an acute tumefaction of the bronchial mucous membrane, owing to a dilatation of its blood-vessels, through vasomotor influence, we may infer that ethyl iodide gives relief by causing a contraction of the capillary vessels.

4. When a difficulty of respiration is caused by pressure on the air-tubes, of enlarged and indurated bronchial glands, it is reasonable to expect benefit from the continued use of iodine, administered by this method.

5. When embarrassed breathing is caused by a *passive congestion* of the bronchial mucous membrane, which in turn is due to an impeded circulation through the lungs or heart in organic affections of those organs, marked benefit can hardly be expected from the drug in question. Yet in cardiac dyspnea good effects have occasionally been observed from its use.

6. In general ethyl iodide appears in some way to favor the oxygenation of the blood, and thus stimulate, in a reflex manner, the respiratory muscles. Thus the increased buoyancy of the act of breathing, experienced in widely-different pathological conditions, as a primary result of the inhalation of this drug, may be intelligently explained.

Arsenic in Chorea.—According to *Bouchardat's Ann.* we find that from observations made in the service of M. Siredey by M. Pomel, upon the treatment of chorea, the following deductions are made (Med. Press and Circular): 1. Of all the remedies employed in chorea those which are the most rapid and sure are the arsenical preparations—particularly arsenious acid, which at once produces rapid amelioration of the symptoms and brings about a speedy cure. 2. Grave cases of chorea that have resisted other treatment yield, frequently with promptness, to arsenic. 3. To obtain the full benefit of the arsenical treatment it is necessary to administer the medicine in such doses as to produce as speedily as possible the constitutional effects or signs of arsenical saturation. 4. Even in children affected with chorea no hesitation should be felt in giving strong doses of arsenic in order to reach the point of saturation quickly. 5. Without denying the possibility of danger in the use of arsenic in the treatment of chorea, yet no case has thus far been recorded to establish the fact.

On Pilocarpin in Asthma. — Dr. William L. Mackesy, M.B., writes in the British Med. Journal of August 7th:

P. M. is a warder of H. M. prison, Waterford (of which I am surgeon), and is about fifty years of age. His heart and lungs are perfectly sound, and neither father nor mother suffered from asthma. He had been for many years in the Royal Irish Constabulary; but, having one day fallen asleep in the open air, he awoke very much chilled; and from this he dates his first attack of asthma. He tried to carry on for some time, but the attacks becoming more severe and frequent, he had to leave the constabulary service. He then entered the prison service as warder; and his health, although he still suffered from occasional attacks, was much improved for about five years. This I attribute in great measure to the exceptionally high ground on which the prison is placed. Last October, however, he was again attacked by asthma, complicated by acute bronchitis of both lungs, and very nearly lost his life. He, however, recovered, but since this time has been a martyr to the disease, with occasional remissions for a few weeks, and from the 4th of April, 1880, to the end of last June had entirely to give up duty. I tried all the usual remedies: smoking of stramonium and datura tatula, bromide of potassium, lobelia, etc.; also, I am almost ashamed to say, some patent papers for burning, viz. ozone-paper and Palmer's anti-asthmatic papers (the latter, it is only fair to state, in general giving prompt relief to the dyspnea.) He was about resigning his position in despair, when Dr. Berkart's valuable articles on the treatment of asthma fortunately appeared in the British Medical Journal; and on June 25th I gave him his first injection of pilocarpin, using Messrs. Savory & Moore's disks for the purpose, and commencing with one twelfth of a grain. This had no perceptible result; so next day I increased the dose to one fourth of a grain. This was followed by the usual effects—salivation and diaphoresis. There was no depressing effect on the heart's action, and he spent an unusually quiet night. Next day, and every day following for a week, I injected one third of a grain with most beneficial results. One day, indeed, he suffered for a short time from nausea and vomiting, but this soon passed off. He resumed his duty as prison warder on July 4th, and he informs me that he now sleeps the whole night, and with the exception of a slight "choky" feeling on awaking first thing in the morning, which soon passes off, says he "never was better in his life." I am at present giving him arsenic internally and an occasional injection of pilocarpin. His appearance is much improved, and he is evidently increasing in weight.

A Case of Quassia-poisoning.—On June 30, 1880, Annie B. (Lancet, August 14th), aged four years, was taken to the hospital by the mother, who stated that for several weeks it had suffered from prolapsus recti after action of the bowels, and that it had very frequent desire to go to stool, remaining sometimes half an hour on the seat, straining violently. She had never seen any threadworms, but fancied all her children had them. Suspecting that ascarides was the cause of the prolapsus, the nurse was ordered at 1:30 P. M. to give an injection of six ounces of simple infusion of quassia. With the exception of a tablespoonful all was retained, and the child taken away. At 3 P. M. the mother returned, saying that the child was only just alive, she having in the meantime taken it to a friend's house. She also stated that in taking it from the hospital it reeled very much, as if tipsy, and that she was obliged to carry it to this temporary lodging. Mr. Reckitt visited it at once, and found it in an alarming condition, reclining on the knee of a woman present. It was ghastly pale; the lips were bloodless, the head thrown back, the surface cold, eyes closed and pupils contracted, with no action to light; respiration inaudible, and the pulse not to be felt. It was quite unconscious.

The feet were placed in very hot water, which immediately roused the child with a violent scream. Some strong brandy and water was given and swallowed with difficulty, but the pulse returned. The child was kept roused by having the feet placed occasionally in hot water and mustard cataplasms applied to both calves. There seemed to be a strong desire to sleep, when the pulse became much slower and more feeble, so the feet were again put into hot water, and small but strong doses of brandy were given internally. After an hour and a half the child vomited once, and then seemed a little better, but continued quite unconscious. Half a dram of ether, one dram of compound spirits of ammonia, and half an ounce of brandy diluted with warm water were injected into the rectum and retained by means of the finger applied to the anus. This acted most favorably, for the color returned to the lips and face, the surface became warm, and the breathing and pulse more natural. During all this time, except when allowed to sleep, it moaned very much. The color, respiration, and pulse being much improved, the child was allowed to sleep. At 6 o'clock the child was roused and a little brandy was given. At 6:30 P. M. it was conscious, and looked quite well, though sleepy. Some cold milk was ordered. The quassia injection did not act as a purgative, the bowels not having been moved since its visit to the hospital.

Remarks. From inquiries afterward it was ascertained that the dispenser had by mistake placed the concentrated infusion in the bottle set apart for the simple infusion, and thus an overdose of quassia had been given; and added to this, its entire absorption had produced these most alarming symptoms, which from first sight seemed to threaten to prove fatal. In this dilemma, and knowing no antidote, but believing its toxic effects to be exerted upon the nervous system as a narcotic and depressant, as the symptoms plainly indicated, the hot water was resorted to first to rouse the child, and then stimulants to complete the safety.

Sulphurous Acid.—The British Medical Journal reports the publication by Prof. Gamgee of a new and convenient mode of using sulphurous acid, the disinfecting qualities of which are universally known. Cold alcohol, the Professor asserts, will dissolve three hundred times its own volume of the gas, and a fluid possessing such powers of concentration can not but be as efficient as it is portable and convenient. A few drops of the sulphuretted alcohol in the bottom of a trunk will disinfect any clothing that may be put into it; and fungus germs, such as must in casks, etc., may be destroyed by the use of a very small quantity.

Sweating of Hands and Feet.—A correspondent sends us some leaves of the common plantain (*Plantago media*), which he says are effectively used in his neighborhood for the cure of sweating of the feet. They are placed inside the shoes and are said to harden the skin and cure the excessive perspiration in a few days.—*Med. Press and Circular.*

Treatment of Night-sweating of Phthisis by Agaricus Muscarius.— Excerpt from Dr. William Murrell's article in the Practitioner of August:

For the last six months I have used the agaricus muscarius in the treatment of the night-sweating of phthisis. The preparation employed was a one-per-cent solution of a liquid extract of about the consistence of treacle, which was kindly placed at my disposal by Dr. Ringer. The extract was, I understand, made in England from fungi obtained from Germany. I have treated in all twenty-six cases—sixteen men and ten women—their ages ranging from forty-six to ten. They were all out-patients, and all were phthisical, many of them having cavities. In almost every instance the sweating was very profuse, none but well-marked cases being chosen. It was found that five minims of the one-per-cent solution of the extract was the smallest dose on which reliance could be placed, although in some instances smaller quantities succeeded. It was usually given in a little water, three times a day, but it answers well if given only at bedtime. A good plan is to give the three doses during the night, or at intervals of about an hour before going to bed. There is usually no improvement on the first night, but on the second or third nights the sweating is distinctly less, and by the end of the week has ceased, or is at all events so slight as not to put the patient to any inconvenience. In most cases the muscarius alone was given, but in a few instances the ordinary treatment was continued. It stops the sweating without the production of any abnormal dryness of the skin. The medicine is almost tasteless, and is taken without difficulty. One patient complained that it would not keep, and went bad before the end of the week—the addition of a few drops of spirits overcame that difficulty.

There is no danger in taking the medicine, for a delicate young woman of twenty-three took fifteen minims every three hours for a week and then twenty minims every three hours for another week, without the production of any symptoms.

Muscarine appears to act in much the same way as picrotoxine and pilocarpine. The latter have at present the advantage, as they are more readily obtained. In using agaricus muscarius care should be taken to see that it is the real drug that is procured. Its power of arresting the action of the frog's heart when topically applied is the test of its activity.

The Collection of Data at Autopsies.— Dr. H. P. Bowditch, in Boston Med. and Surg. Journal of August 12th:

Some of the most important of Prof. Beneke's results may be briefly stated as follows:

1. Before the period of puberty the aorta is larger than the pulmonary artery; after this period the relation is reversed.

2. The aorta and pulmonary artery are smaller in the female than the male, even at those ages at which the size of the body is greater in the female sex.

3. In adult males the volume of the lungs is greater than that of the liver. In adult females the reverse is the case.

4. In men the volume of the two kidneys is less than that of the heart; in women it is greater.

5. Children have a relatively larger intestinal canal than adults.

6. A sudden increase in the size of the heart occurs at the period of puberty.

7. The iliac arteries diminish in size during the first three months of life.

8. The cancerous diathesis is associated with a large and powerful heart, capacious arteries, but a relatively small pulmonary artery, small lungs, well-developed bones and muscles, and tolerably abundant adipose tissue.

9. Pulmonary tuberculosis is often associated with an unusually small heart.

10. In rachitis the heart is large and well developed.

Variations of Temperature.— M. Dumontpallier has greatly simplified his apparatus for the refrigeration of febrile patients. He now only uses two vessels, which are both placed in communication with the tubes of his coverlet. The one, being raised about sixty centimeters above the bed, acts as a reservoir; the other, placed on the ground, acts as a receiver. When the vessel which has served as a reservoir is empty it should be placed on the ground, and that which has served as a receiver should be raised sixty centimeters. The flow of water is thus established in an inverse way. M. Dumontpallier's numerous researches have given him the opportunity of observing the rise of the temperature at different hours of the day and night. He has noted the following variations: The temperature rises gradually from 8 o'clock in the morning to 6 or 8 in the evening; it falls from 6 to 8 o'clock in the evening till midnight; it remains stationary from midnight till 8 in the morning. It hence results that to protect the patients from the dangers of excessive bodily heat it suffices to lower their temperature from 8 in the morning till 8 in the evening.—*Brit. Med. Journal.*

Treatment of Perspiration of the Feet.—Dr. Ortega (*La Prat.*) advocates the use of a solution of chloral in this affection (Med. Press and Cir., August 18th). A patient of his, a strong man working in an ice manufactory, suffered from it in an extreme degree—so much so that his fellow-workmen would not work by his side. The epidermis of the sole of the feet was white, as if macerated; there were small ulcerations in the furrows, and also around the nails. The odor was overpowering. Dr. Ortega prescribed baths of a solution of chloral (one in fifty) and wrapping the feet in a cloth dipped in a similar solution. Two days after the smell had entirely disappeared. Six days later, the treatment being continued, the ulcerations were less moist and covered with a layer of epidermis.

High Temperature Due to Constipation.— Dudley P. Allen, M.D., in Boston Med. and Surg. Journal of August 12th: A patient with mammary abscess had for eight days been treated by poultice, and the abscess had discharged freely, and was rapidly healing. The temperature had not risen at any time above 99° F. For four days patient had had no movement from the bowels, when one morning the temperature rose to 104.5° F. An enema of soapsuds was given, and in less than an hour after this had operated the temperature fell to 100° F., and continued normal afterward. Patient made no complaint, nor was there any phenomenon of any sort to account for the high temperature unless the constipation would do so. No remedy was used except the enema.

A successful case of transfusion of blood is reported by Dr. Joseph W. Howe, in the New York Medical Journal.

Sterility.—In the *Bulletin de Thérapeutique*, of June 15th, Dr. Charrier publishes a paper which he read at the Paris Société de Médecine. It terminates with the following conclusions (Boston Med. and Surg. Journal): 1. In some rare cases, in women who are otherwise quite well, the utero-vaginal secretions are quite sour, as is seen by their reddening litmus. 2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium. 3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks and baths and tepid alkaline injections. 4. When this acid condition has been neutralized conception may take place. (Two cases in point are detailed.) 5. This disappearance of acidity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral-water establishments in the treatment of sterility. In a note in the Bulletin of June 30th Prof. Pajot entirely confirms this statement, and says that for many years past he has been prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that in spite of the extremest cleanliness the acid odor is perceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (water one thousand grams, the white of one egg, and fifty-nine grams of phosphate of soda), in which he was able to keep spermatozoa alive for twelve days at a temperature of 36° C.

Pilocarpin in Uremic Convulsions.—Leven (*La Presse Médicale Belge*) advocates the use of subcutaneous injections of pilocarpin in uremic convulsions (Med. Press and Circular). A young girl, affected with albuminuria, was seized with convulsions with complete anuria. Two injections of hydrochlorate of pilocarpin had no effect, but at the third the remedy produced its ordinary effect. The patient, who was comatose, gradually came to herself, at the same time profuse perspiration and abundant salivation were produced. After a fourth injection the convulsions ceased and the patient recovered. The temperature oscillated between 37° and 38° C. The saliva contained ten per cent of albumen.

Pilocarpin in Lead Colic.—Weinberg (*Deuts. Archiv f. Klin. Med.*) has seen pilocarpin succeed where the ordinary medicines—opium, cathartics, etc.—have failed (Phila. Med. Times). Doses of 0.02 centigram subcutaneously injected caused salivation and profuse sweating, with a simultaneous decrease in the pain, and a little later copious passages from the bowels. In one case, where subcutaneous injection of 0.015 milligram of pilocarpin did not give relief, an enema containing 0.085 milligram produced the desired effect.

Treatment of Phthisical Cough.—M. B. recommends a trial of the tincture of gelseminum in fifteen-minim doses (British Medical Journal). He has found it effectual when all other treatment has failed. Dr. T. F. Pearse recommends the tincture of gelseminum sempervirens in twenty-five-minim doses three times a day. He generally prescribes it with dilute phosphoric acid. If there be much expectoration compound tincture of benzoin is often useful. Mr. T. Garrett Horder strongly advises "Phthisis" to try the effect of hydrobromic acid in doses of twenty minims. It may be given with the addition of spirits of chloroform. He has also found the inhalation of the vapor of iodine very useful in chronic cough. Another correspondent recommends fifteen minims of hydrobromic acid and ten minims of chloric ether in a dessertspoonful of water four or five times a day, with a pill containing a quarter of a grain of codeia three times a day. Mr. A. de Winter Baker recommends "Phthisis" to try the following formulæ: ℞ Tincturæ pruni Virginianæ, ʒj; Glycerini, ʒss; Nepenthe (Ferris and Co.'s), ♏v; aquæ, q. s. He generally orders it to be given when the cough is troublesome, and repeated in three or four hours if required. In troublesome cases he also orders a double dose to be given at bedtime. He has never known it fail to relieve cough; and it can be taken for a long period of time without disturbing the digestive organs.

The Night-sweats of Phthisis.—Dr. Köhnhorn reports two cases which had resisted the successive employment of quinine, atropin, digitalis, boletus caricis, folia salviæ, and various external lavements, frictions, inunctions, etc. These cases were quickly cured by the external application of a powder prepared after the following formula: ℞ Acid. salicyl. gr. xlviii; amyl. ʒiiss; talc earth, ʒiii. M. F. pulv. The entire surface of the body is powdered over with this preparation. To avoid the excitation of coughing by the salicylic acid, patients are directed to apply a handkerchief to the nose and mouth during its application. The same powder has been employed in the army for the treatment of hyperidrosis of the feet.—*Berliner klin. Wochenschrift; Practitioner.*

An Epilatory for Use in Favus.—In an article on the treatment of the different forms of tinea Dr. Claudat, in his thesis, proposes the following epilatory application in favus (Med. Press and Circular): Prepared lard, 25 grams; glycerin, 5 grams; carbonate of soda, 4 grams; powdered quicklime, 2 grams; powdered charcoal, ½ gram. After a variable time, but rarely more than ten or twelve days, the skin assumes a rosy tint, sufficiently intense to assure us that we may commence the process of epilation. We may now seize with the fingers the hair which we have previously had cut short (about two centimeters long) and draw them out without the least pain. A lotion of corrosive sublimate may now be applied for about eighteen days and then an ointment of araroba.

Benzoate of Soda in Gonorrheal Ophthalmia.—Lyon Medical tells us (Med. Press and Circular) that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrheal ophthalmia, recovery taking place in a few days without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a twenty-per-cent solution and tannin in a ten-per-cent solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of one hundred per cent solution of benzoate.